

# More Than Just NUMBERS

Nation's Leading Expert Speaks Out  
On The Art And Science Of Evaluating  
Worksite Wellness Programs



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In this exclusive WELCOA interview, Dr. Steve Aldana, one of the nation's leading experts on workplace wellness evaluation recently sat down with WELCOA President Dr. David Hunnicutt to talk about the art and science of measuring the impact and outcomes of worksite health promotion initiatives.

### Why do most people struggle with evaluating their worksite wellness programs?

**Aldana:** I think the major reason that people struggle in evaluating their worksite wellness programs is because they're not really trained in how to do this. You have to remember that health promotion programs are still a relatively new phenomenon at the workplace. And, when you're talking about evaluating complex health behavior change initiatives, it almost requires that you have some sort of academic background or professional orientation in this area. But the good news is this: most of the programs in this country are very straightforward and that means that pretty much anybody is qualified to evaluate the impact and outcomes. Sure it's a different story for those companies who have put in place a rigorous evaluation design, but that's a very, very small portion of the programs that exist today.

### What kind of outcomes should be evaluated in most worksite wellness programs?

**Aldana:** This is a good question. What's most important here is that practitioners think of it in terms of a logical progression. And that means starting with the basics like participation rates and overall satisfaction. When you start here, you're laying an excellent foundation for building a really solid worksite wellness program. I mean, think about it. If you're going to have healthier employees, you've got to make sure that they take part in your programs. That's why it's important that you start with participation rates. And then when you have lots of people participating it's very important that you make sure that they're engaged. And that's where satisfaction measures come into play. When you start with those basic targets, you're really moving in a logical progression.

As you can see, it really all starts with participation. And, if you're not reaching your employee population, the rest of the story is really irrelevant.

Once you've secured solid participation rates, then it's time to start thinking about documenting behavior change, and that can be done through health screenings and health risk appraisals.

### What's the typical timeframe to put a solid evaluation component into place?

**Aldana:** It could take three to four years to really get everything into place. If you concentrate on building participation and monitoring overall satisfaction levels in year one, then you're ready to start examining health behavior changes in years two and three. Then, once you've secured solid participation rates and you've successfully integrated health risk appraisals into the mix, you're in a great position to begin calculating



the return-on-investment. But that whole process can take two, three, or even four years to put into place.

I'd like to mention here that it's really essential that worksite wellness practitioners NOT try to rush the process. To successfully integrate worksite wellness—and evaluation—into the fabric of the organization, you've got to give it some time. I've seen organizations that try to calculate return-on-investment after 12 months and it can really get ugly because they're trying to force outcomes—and when it comes to human behavior—you just can't do that.

It's also important to mention that you don't have to evaluate everything all at once. I'm familiar with a lot of organizations that have built wonderful programs, but they only schedule in a formal evaluation process about every 24 months. Indeed, when I look at the inner workings of their programs, it's clear to me that they've done a great job in documenting participation rates,

monitoring satisfaction levels, and gathering behavioral information through the administration of health risk appraisals. But because of their commitment to keeping the main thing the main thing—that is, they really focus on providing solid interventions—they only evaluate outcomes every other year. But the reason their program works is because they're committed to collecting the data and its right at their fingertips when they want to analyze it.

### What's your feeling on using self-reported behavior change measurements?

**Aldana:** Here's a newsflash. Most behavior change is going to be self-reported. The only way it's not is if you're in some type of clinical trial and that just doesn't happen very often. Take for example, nutrition. Again, unless you're in some kind of clinical trial where you're being fed

specific food everyday and you don't have an option on what you're going to eat, any behavioral feedback we gather is going to be self-reported. Moreover, all physical activity data is self-reported—that is unless you live in a cave and there are a couple of researchers watching you all day.

Some people will point to nicotine and make the argument that, because you can measure blood levels from nicotine, self-reported behavior change measurements are not the best way to go. I whole-heartedly disagree. When you start analyzing body fluids to determine whether your employees are using tobacco, I think we've moved from health promotion and entered the arena of big brother. I think some of the best programs in the country are completely comfortable with using self-reported measures to monitor tobacco usage rates, and I think that's a wise way to go.



The important thing to understand about behavior change is that the reporting measures are not perfect. And, in order to make them perfect, we'd have to be very invasive with our employees. I don't think we want to go there.

Now, are there other companies that have a vested interest in doing that? Sure. For example, just look at a lot of insurance companies. They want to know what your health behaviors are—and they're going to use clinical measures to accurately capture them—because they've got a financial stake in the equation. I'm not sure that we need to go to that extreme with employee health promotion programs.

### **Good point. But what about health screenings? Don't they look at clinical risk factors like cholesterol and blood sugar?**

**Aldana:** They do. But remember that things like cholesterol and blood sugar are going to vary greatly within a 24-48 hour period. In fact, it's not uncommon for someone's cholesterol to experience significant changes during the course of the day. So even if you're using clinical data, it's still not going to be perfect.

And that's a very important point for every practitioner to understand. As someone who has evaluated more worksite wellness programs than perhaps anyone else in the country, it's important that practitioners not get too caught up in trying to come up with perfect evaluation measures. In fact, what I suggest is exactly the progression protocol that I mentioned previously.

### **So what you're saying is that it's hard, if not impossible, to gather perfect data.**

**Aldana:** There's no measure that is absolutely, clinically perfect. Like I said before, even a clinical measure of blood cholesterol is going to fluctuate 10 to 20 to 30 points on any given day. So people think, "Well, I got clinical data." I'm here to tell you that even clinical data is a little bit mushy. That's why they do blood pressure repeatedly to get the trend over time.

The same kind of logic applies to an HRA as well. No HRA is going to be perfect. However, if you build trust levels among your employees, most of the people who take it are going to answer truthfully. But there are always going to be those who will fudge their answers. That's why it's important to generate large participation rates so that you can get better data that's not as influenced by those who don't answer truthfully.

The bottom line on data collection is that you're going to have less than perfect data. But that shouldn't hold you back.

### **How much time during the course of a year should the typical practitioner set aside for evaluation?**

**Aldana:** This will be a shocker—not very much. After 20 years in the field, I feel like I have to reiterate the point that it's still much more important to spend the vast majority of your time on conducting effective behavior change programs and then working evaluation in around that.

Because interventions are the things that change behaviors, practitioners really need to focus the majority of their efforts on developing and delivering good programs. It pains me when I run across practitioners who spend 50% of their time on evaluation. When I see this happen, I have to sit back and wonder if their employees are really getting the attention that they need and deserve.

Specifically, if you can do some evaluation, obviously, participation and HRA kinds of things, great; we're talking 2-5% of your total pie. It shouldn't be very much because if you've paid attention to building your program properly you will already have had written good goals and objectives up front and that will make the process very straightforward. But remember, health promotion programming is all about behavior change, and if you want to change behaviors, you have to have good interventions.

### **If you could give advice to the typical wellness practitioner about evaluation what would you tell them?**

**Aldana:** The big companies—the big players, 5,000 employees or more—are geared up to do very aggressive, academic-type evaluation... which I think is great. But that's just not the reality for 99% of all the other worksites out there. Thus, for those practitioners leading those programs, I would tell them that evaluation is nothing more than quantifying where you are today as compared to where you started from.

At its most basic, evaluation is nothing more than a before and after story. So take any one



individual in your wellness program that has transformed their lives. You ask yourself where they were when they started, and where are they now—eight weeks, six months, or two years later. That in essence is an evaluation. Now, when you think about evaluating your overall program, you just have to think about all of the people that participated in your initiative and capture where they started from and where they are today. It's as simple and as hard as that.

Evaluation need not be a hard thing to understand and it need not be complicated or intimidating. I believe that 99% of the people who are leading worksite wellness programs today have the sufficient ability and expertise to conduct solid evaluation protocols.

And here's one additional tip and it's a great one. If you're a practitioner of a wellness program, don't get too caught up in the numbers. The "numbers" are people, and that's where the story is. If you really want to have an impact on your CEO forget about the PowerPoint slides with frequencies and t-tests and instead invite the people who have benefited from your program to come in and share their stories. That's where evaluation is made real. Because what your employees are saying is "Here's where I was, and here's where I'm at now." That's far more powerful than any evaluation summary report you could ever write. ★

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